

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Refer to the Instructions
before filling out this form. The
information requested here is
required by law (Section 3010
of the Resource Conservation
and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
REC'D. IOWA SEC.

MAR 20 1995

Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I A 0 0 0 0 1 0 9 8 2 7

Name of Installation (Include company and specific site name)

R E C Y C L I N G I N C.

Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 7 4 5 N E 1 7 T H S T R E E T

Street (Continued)

City or Town

D E S M O I N E S

State

Zip Code

I A 5 0 3 1 3 -

County Code

County Name

P O L K

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 7 3 9 1

City or Town

D E S M O I N E S

State

Zip Code

I A 5 0 3 0 9 - 7 3 9 1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

N E W M A N

(First)

R O N A L D

Job Title

P R E S I D E N T

Phone Number (Area Code and Number)

5 1 5 - 2 4 4 - 7 3 5 7

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

D E S M O I N E S / W I C H I T A F A L L S P A R T N E R S H I P

Street, P.O. Box, or Route Number

P O B O X 9 1 2 1 0

City or Town

A L B U Q U E R Q U E

State

Zip Code

N M 8 7 1 9 9 - 1 2 1 0

Phone Number (Area Code and Number)

5 0 5 - 3 4 5 - 8 8 2 9

B. Land Type

☐

C. Owner Type

☐

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

RCRIS data entered
BY RCRIS AARP/SEE
ON 3/22/95



R00025458
RCRA Records Center

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GSA No. 0246-EPA-OT

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input checked="" type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input checked="" type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

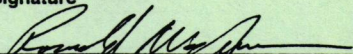
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

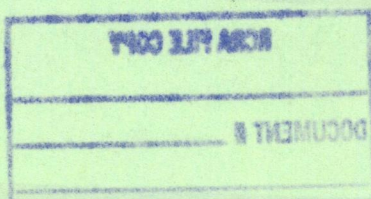
X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
	RONALD W. NEWMAN	3/17/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



See reference instructions
filling Notification before
completing this form. The
information requested here is
required by law (Section 3010
of the Resource Conservation
and Recovery Act).



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Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

I A 0 0 0 0 1 0 9 8 2 7

I. Name of Installation (Include company and specific site name)

A - T E C R E C Y C L I N G I N C.

II. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5 7 4 5 N E 1 7 T H S T R E E T

Street (Continued)

City or Town

D E S M O I N E S

State

I A

Zip Code

5 0 3 1 3 -

County Code

County Name

P O L K

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 7 3 9 1

City or Town

D E S M O I N E S

State

I A

Zip Code

5 0 3 0 9 - 7 3 9 1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

N E W M A N

(First)

R O N A L D

Job Title

P R E S I D E N T

Phone Number (Area Code and Number)

5 1 5 - 2 4 4 - 7 3 5 7

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other☐ ☒ ☐

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

D E S M O I N E S / W I C H I T A F A L L S P A R T N E R S H I P

Street, P.O. Box, or Route Number

P O B O X 9 1 2 1 0

City or Town

A L B U Q U E R Q U E

State

N M

Zip Code

8 7 1 9 9 - 1 2 1 0

Phone Number (Area Code and Number)

5 0 5 - 3 4 5 - 8 8 2 9

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☒ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral

- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)☐2. Corrosive
(D002)☐3. Reactive
(D003)☐4. Toxicity
Characteristic☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

RONALD W. NEWMAN

Date Signed

3/17/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



P.O. BOX 7391
DES MOINES, IOWA 50309

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US EPA REGION 7
RCRA BRANDH
ATTN: ARTX/RCRA/IOWA
726 MINNESOTA AVENUE
KANSAS CITY, KS 66101

